

# VEHICLE REGISTRATION/TITLE APPLICATION

Batch File No.	<b>Office Use Only</b>	Class
<input type="checkbox"/> Orig <input type="checkbox"/> Dup <input type="checkbox"/> Sales Tax with Title	<input type="checkbox"/> Activity <input type="checkbox"/> Activity W/RR <input type="checkbox"/> Sales Tax Only without Title	<input type="checkbox"/> Renewal <input type="checkbox"/> Renew W/RR <input type="checkbox"/> Lease Buyout
		Three of Name

**INSTRUCTIONS:**

A. Is this vehicle being registered only for personal use?  Yes  No

If **YES** - Complete sections 1-4 of this form.

**Note:** If this vehicle is a **pick-up** truck that is never used for commercial purposes and does not have advertising on any part of the truck, you are eligible for passenger plates or commercial plates. **Select one:**  **Passenger Plates**  **Commercial Plates**

If **NO** - Complete sections 1-5 of this form.

B. Complete the Certification in Section 6.

C. Refer to form MV-82.1 Registering/Titling a Vehicle in New York State for information to complete this form.

**I WANT TO:**  REGISTER A VEHICLE  RENEW A REGISTRATION  GET A TITLE ONLY  CHANGE A REGISTRATION  REPLACE LOST OR DAMAGED ITEMS  TRANSFER PLATES

**Current Plate Number** \_\_\_\_\_

**NAME OF PRIMARY REGISTRANT** (Last, First, Middle or Business Name) \_\_\_\_\_ **FORMER NAME** (If name was changed you must present proof) \_\_\_\_\_

Name Change  
Yes  No

**NYS driver license ID number of PRIMARY REGISTRANT** \_\_\_\_\_ **DATE OF BIRTH** \_\_\_\_\_ **SEX** \_\_\_\_\_ **TELEPHONE or MOBILE PHONE NUMBER** \_\_\_\_\_

M  F  X

**NAME OF CO-REGISTRANT** (Last, First, Middle) \_\_\_\_\_ **EMAIL** \_\_\_\_\_

Name Change  
Yes  No

**NYS driver license ID number of CO-REGISTRANT** \_\_\_\_\_ **DATE OF BIRTH** \_\_\_\_\_ **SEX** \_\_\_\_\_ **ADDRESS CHANGE?**  YES  NO

M  F  X

**THE ADDRESS WHERE PRIMARY REGISTRANT GETS MAIL** (Include Street Number and Name, Rural Delivery or box number. This address will be on the document.)

\_\_\_\_\_ Apt. No. \_\_\_\_\_ City or Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County of Residence \_\_\_\_\_

**THE ADDRESS WHERE PRIMARY REGISTRANT RESIDES IF DIFFERENT FROM THE MAILING ADDRESS.** (DO NOT GIVE A P.O. BOX.)

\_\_\_\_\_ Apt. No. \_\_\_\_\_ City or Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**VEHICLE IDENTIFICATION NUMBER** \_\_\_\_\_ **VEHICLE DESCRIPTION** \_\_\_\_\_ **Body Type** (mark one)

Year \_\_\_\_\_ Make \_\_\_\_\_

2-Door  Convertible  Trailer  
 4-Door  Suburban/SUV  Motorcycle  
 Pick-up  Limo  Tow  
 Van  Other \_\_\_\_\_

**Color** \_\_\_\_\_ **Unladen Weight** \_\_\_\_\_ **Type of Power (Fuel)** \_\_\_\_\_

Gas  Diesel  Electric  Flex  CNG  Propane  None

**Cylinders** \_\_\_\_\_ **Maximum Gross Weight** \_\_\_\_\_ **Adult Seating Capacity (Including Driver)** \_\_\_\_\_ **Odometer Reading in Miles** \_\_\_\_\_

**Office Use Only** Mileage Brand **OA OE ON** **For commercial vehicles** Axles \_\_\_\_\_ Distance \_\_\_\_\_

Was this vehicle altered to increase the capacity beyond that provided by the manufacturer by method of extended chassis, lengthened wheel base, or a lengthened seating area? ..... Yes  No

If **YES**, do you have the required Federal Alterer's Safety Certification (normally found on the door jamb) in accordance with VTL §401? ..... Yes  No

If **YES**, is this altered vehicle equipped with safety belts at all occupant seating positions? ..... Yes  No

**IMPORTANT:** If your vehicle was altered/stretched to increase the passenger capacity, you must present to the DMV office a photograph or copy of all labels or plates (normally put on the driver's side door). If the vehicle was altered or stretched and now has an adult seating capacity of 9 or more (including the driver), you must show the original NYS DOT Inspection Receipt OR a NYS DOT Exemption Letter.

**If the OWNER of the vehicle is DIFFERENT from the REGISTRANT, the OWNER must complete this section.**

**PRIMARY OWNER NYS License Number** \_\_\_\_\_ **NAME OF PRIMARY OWNER** (Last, First, Middle) \_\_\_\_\_ **PRIMARY OWNER DATE OF BIRTH** \_\_\_\_\_ **PRIMARY OWNER SEX** \_\_\_\_\_

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ M  F  X

**THE ADDRESS WHERE PRIMARY OWNER GETS MAIL** (Include the Street Number and Name, Rural Delivery or box number)

\_\_\_\_\_ Apt. No. \_\_\_\_\_ City or Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

**NAME OF CO-OWNER** \_\_\_\_\_ **REGISTRATION AUTHORIZATION**  My signature authorizes the person(s) named in Section 1 to register this vehicle in that person's name. I have provided the current ownership document.

**X** \_\_\_\_\_  
 (Signature of ALL owner(s) and proof of ID required when first applying for a NYS title. See form ID-82 - Proofs of Identity for Registration and Title.) (Date)

**OFFICE USE ONLY**

New Plate	New Class	Ins. Co. Code	Special Conditions
Sales Tax	Status	Value (\$)	Rate
Prior Owner	Issuance State	Title	Lien
Proof Submitted	Lien Number	Lien Release	
Reg/Title	State	Stop/Response/Scoff Law	Approved By
			Date

AT BV CF CO EO EX FL  
 IO NE NF NR NU OP OV  
 PA PI PK RC RE SC SO  
 SP SR SS SV TE TL TO  
 TP TR TX XR X6 WO

SECTION 4

**DAMAGE DISCLOSURE**

Has the vehicle been wrecked, destroyed, or damaged to such an extent that the total estimate, or actual cost, of parts and labor to rebuild or reconstruct the vehicle to the condition it was in before an accident, and to make the vehicle legal to operate on the road or highways, is more than 75% of the retail value of the vehicle at the time of loss?  Yes  No

If you marked **YES**, the vehicle must have an anti-theft examination before it is registered. The title that is issued will have the statement "Rebuilt Salvage" on it.

**VEHICLE MODIFICATIONS**

Has this vehicle been modified from the original manufacturer specifications without extending the chassis or lengthening the wheel base? (Examples include: color changes, added seats, permanently mounted camping equipment, multi-stage vehicles.) If "Yes," describe the modifications:  Yes  No

\_\_\_\_\_

\_\_\_\_\_

SECTION 5

**NON-PERSONAL VEHICLE USE**

\* Vehicles that transport passengers may require NYS DOT Operating Authority (see <https://www.dot.ny.gov/divisions/operating/osss/bus/passenger>), NYS DOT Inspection (see <https://www.dot.ny.gov/divisions/operating/osss/bus/inspection>) and/or be subject to Article 19-A requirements (see <https://dmv.ny.gov/motor-carriers/information-and-forms-article-19>).

Check one:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> A commercial tow truck with a gross vehicle weight rating of at least 8,600 pounds | <input type="checkbox"/> Ambulette*  | <input type="checkbox"/> Operates as a taxi* (you <b>must</b> complete the "Taxis Only" section below)                        |
| <input type="checkbox"/> Used only as a farm vehicle (form MV-260F, Part 1 <b>must</b> be submitted)        | <input type="checkbox"/> Hearse  | <input type="checkbox"/> Rented without a driver (private rental)   |
| <input type="checkbox"/> Used only as an agricultural truck or agricultural trailer                         | <input type="checkbox"/> Combination Hearse/Invalid Coach*                                   | <input type="checkbox"/> Used to pick up passengers for compensation <b>only</b> in jurisdictions that do not regulate taxis* |
| <input type="checkbox"/> Ambulance  | <input type="checkbox"/> Used to transport passengers* (Bus, Livery, School Bus, School Car) | <input type="checkbox"/> Other - describe the use: _____  |

**INSURANCE REQUIREMENTS**

- |  |   |
|--|---|
| <input type="checkbox"/> For Hire (direct or indirect compensation) - Submit an FH Certificate | <input type="checkbox"/> DOT Operation - Submit and record the NYS DOT Permit and/or the Federal DOT Permit number: _____ |
| <input type="checkbox"/> Not For Hire - Submit a current and valid NYS Insurance ID Card       |   |

**TAXIS ONLY (check one)**

- |  |  |
|--|--|
| <input type="checkbox"/> Vehicle is used in New York City, Westchester, or Nassau counties.  | <input type="checkbox"/> Vehicle is used for pick up in a jurisdiction that regulates taxis <b>other than</b> NYC, Westchester county, or Nassau county. |
| <input type="checkbox"/> Vehicle is used as a contract carrier in NYC (commuter van with seating capacity between 9 and 14). You are eligible for LIVERY plates. |  |

SECTION 6

**CERTIFICATION**

I certify that the information I have given on this application and on any documentation provided in support of this application is true and complete. I certify that the vehicle is fully equipped as required by the Vehicle and Traffic Law, and has passed the required New York State inspection, or has qualified for a time extension (form VS-1077) and will be inspected within 10 days. I also certify that appropriate insurance coverage is in effect, and that the vehicle will be operated in accordance with the Vehicle and Traffic Law. If I am applying for replacement registration items, I certify that the registration is not currently under suspension or revocation. If I have plates in a series reserved for a special group, I certify that I am still eligible to receive them, and that I have only one set of these plates. **If I am using a credit card for payment of any fees in connection with this application, I understand that my signature below also authorizes use of my credit card.**

**WARNING: Intentionally making a false statement or providing false or misleading information in connection with this application is a criminal offense that may subject you to prosecution under the law.**

Print Name Here \_\_\_\_\_  
(Print Name in Full - if registering for a corporation, print your full name and title)

Print Additional Name Here \_\_\_\_\_  
(Print Name in Full)

Sign Here **X** \_\_\_\_\_  
(Sign Here)

Additional Signature **X** \_\_\_\_\_  
(Sign Here - Additional signature required for a partnership or if registering this vehicle in more than one name.)